

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

This cover	page must	be completed	by the	report	preparer.
		only one cove			

7 0 NYR 2 0 A 1

Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Na	me	of	M	S4																Till			u.S
Т	0	V	v	n	0	f	C	1	a	r	е	n	С	е	0	Q.			1		5		

OR

O This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single En	tity			Ala		7 1	1.85	X 3
					ac 18			1 h

OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Nai	ne c	of C	oali	tion	Г		-	_		_	4					X.				T	 _
															ad	12					
											N.)	3		Y	4					
_														Há	45)	18					_
											10.1										

0 A

0 A

	_							_		
SPI	DES	ID					SPI	DES	ID	
N	Y	R	2	0	A		N	Y	R	2
SPI	DES	ID				d	SPI	DES	ID	
N	Y	R	2	0	A		N	Y	R	2
SPI	DES	ID					SPI	DES	ID	
N	Y	R	2	0	A		N	Y	R	2

N	Y	R	2	0	А	
SPI	DES	ID				
M	Y	R	2	0	A	

		11	_			_	_
N	Y	R	2	0	A		
SPI	DES	ID					

N	Y	R	2	0	A	N	Y	R	2	0	A	24
SPI	DES	ID				SPD	ES	ID				01.8
N	Y	R	2	0	A	N	Y	R	2	0	A	23 2
SPI	DES	ID				SPD	ES	ID				
N	Y	R	2	0	A	N	Y	R	2	0	A	

SPDES ID

N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	Α		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID				-	

2

0 A

Y R

SPDES ID

Cover Page 1 of 2



MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 0 A	N Y R 2 0 A

MCC form for period ending March 9, 2 0 1 4

	SP	DES	ΙD						
Name of MS4 Town of Clarence	N	Y	R	2	0	A	1	7	0
	1								
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement	or acce	ptan	ce c	of:					
● An Annual Report for a single MS4									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally bir	nding a	gree	me	nts					
If Joint Report, enter coalition name:							,		
							T		
		 				_	-		

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 4$

	SPL	ES	ID						
Name of MS4 Town of Clarence	N	Y	R	2	0	A	1	7	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	t Na	ıme									,				i	MI_	i	Last	Na	me				_							_	$\overline{}$
D	а	v	i	d												С		H	a	r	t	Z	е	1	1				<u></u>			
Title	e														-			,	_		- 1		- 1			1				-	_ ·-	\Box
s	u	р	е	r	v	i	ន	0	r	_									_]											<u> </u>		
Add	lres:	S									,															Γ		,		ι -	1	
0	n	е		Т	0	w	n		P	1	a	С	е															_	L	_		
	: /	L		_			'													S	tate	_	Zip	-				7				
City	1	a	r	е	n	C	е					- 1										Y	Zip	4	0	3	1] -				
City	1	a	r	е	n	С	е														$\neg \neg$			T	0	3	1] -				
City	1	a	r	e	n	с	e 1	1	@	С	1	a	r	е	n	С	е		n		$\neg \neg$			T	0	3	1]-				
City C eM:	l ail h			l	I T		e	1	@	С	1	a	r	е	n	С		Cou		У	N	Y]	1	T	0	3] -				

MCC form for period ending March 9, $2 \mid 0 \mid 1 \mid 4$

	SPDES ID	
Name of MS4 Town of Clarence	N Y R 2 0 A 1 7	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	Last Name	
Timothy	Lavocat	, P . E .
Title	, ,	
Town Engineer		
Address		
6 2 2 1 G o o d r i c h R c	d	
City	State Zip	
City C 1 a r e n c e C e n t e r	State Zip N Y 1 4	0 3 2 -
		0 3 2 -
Clarence Center		0 3 2 -
Clarence Center	N Y 1 4	0 3 2 -

MCC form for period ending March 9, 2 0 1 4

	SPI	DES	ID						
Name of MS4 Town of Clarence	N	Y	R	2	0	A	1	7	0

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name Joseph	MI Last Name R L a n c e 1 1 o t t i
Title	
C i v i l E n g i n e e r	
Address	
6 2 2 1 G o o d r i c h R c	
City	State Zip
City C 1 a r e n c e C e n t e r	State Zip N Y 1 4 0 3 2 -
Clarence Center	
	N Y 1 4 0 3 2 - 1 1 4 r e n c e . n y . u s
Clarence Center eMail	N Y 1 4 0 3 2 -

Name of MS4 Town of Clarence

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 4

SPDES ID

N Y R 2 0 A 1 7 0

Section Did your N									_	to c	omj	olet	e so	me	or	all	peri	nit	req	uire	eme	ents	du	ring	g thi	is re	por	rting	Ţ
period?				•								•					•									Ye		0	
If Yes, co																										_			
Submi	it a se	epai	ate	she	et i	for	eac	h p	artı	ner.	Inf	fori	nat	ion	pro	ovi	ded	in	oth	er	for	ma	ts v	vill	no	t be	;		
accept	ed. I	f yo	ur N	AS4	c	oop	erat	ted	wi	th a	ÇO	alit	ion	, su	bn	iit (one.	sh	eet	wit	h t	he	nan	ne (ot t	he			
coaliti														she	et f	or	eaci	h M	154	ın	tne	e co	an	tioi	3.				
If No, pro	ceed	to ;	Sect	ion	4 .	- Ce	erti	tica	.t10	n S	tate	eme	ent.																
Partner/Coa	lition	Nan	1e			 1				- 1				f.			T										-1		
W e s	t e	r	n		N	Y		S	t	0	r	m	W	a	t	е	r		С	0	a	1	i	t		0	n		
Partner/Coa	lition	Ņar	ne (c	on't	.)									_					_	l ſ						- If	app	lica	ble
c / o	E	: r	i	е		C	0	u	n	t	У		D	Ε	Р						N	Y	R	2	0				
Address																			_										
9 5	Fr	a	n	k	1	i	n		S	t	r	е	е	t															
City																	Sta	ate		Zip					1		_		
B u f	fa	. 1	0														N	Y		1	4	2	0	2	_				
eMail					_			γ		r	- 1	-		 1					_	ı .		т	ı	_	1		Т	! "	
m a r	у .	r	0	S	s	i	@	е	r	i	е	•	g	0	v								ļ .	<u></u>		ļ			
Phone										1						Le	gally	v Bi	ndi	ng /	\gr	eem	ent	in a	cco	rdan	ce		
(71	6)	8	5	8	_	7	5	8	3							wi	th G	P-0	-08	-002	2 Pa	art I	V.G	.?		Y		0	No
What task	cs/res	spoi	nsib	iliti	es	are	sha	irec	l w	ith	this	s pa	ırtn	er (e.g	, M	IM1	S	chc	ol	Pro	gra	ıms	or	M	ulti	ple	Tas	sks)
• MM1 [M u	. 1	t	i	p	1	е		Т	a	s	k	ន					l		ļ					ļ., <u>.</u>				
• MM2 [M u	1	t	i	р	1	е		T	a	s	k	s																
• MM3	Μυ	1	t	i	р	1	е		Т	а	ន	k	s								[
• MM4	Tr	a	i	n	i	n	g		&		E	d	u	С	a	t	i	0	n	Ţ									
• MM5	Tr	a	i	n	i	n	g	-	<u>چ</u>		E	d	u	С	а	t	i	0	n		[T .	T					
• MM6	Tr	1	1	J	 	1	1	<u> </u>	<u>&</u>	 	E	d	_	С	a	<u> </u>	i	0	n	T		<u> </u>		T	-	 	T	+	
A MIMIN	T T	a	1	11	L <u>-</u>	1**	٦	1		<u> </u>	L		L <u>~</u>	L. <u> </u>		<u></u>	1_		ت			1			٠			.1	
A .1.1:4:	al tas	ks/	resp	ons	sibi	iliti	es																						
Addition		d In	npre	ovei	mei	nt S	tra	teg	y B	est	Mo	ına	gen	nen	t P	rac	tice	s r	equ	iire	d f	or l	MS	4s	in i	mp	aire	ed	
O Wate	ershe							Δo	ስበ	o p	art	IX																	
	<i>rshe</i> rshec	ls ii	ıclu	ded	l in	GI	P-0.	.∩9.	-00	Z I																			
O Wate	rshe rshed	ls ii	ıclu -	ded	l in	GI	P-()-	-08	-00										_	_								 -	
O Wate	ershe rshed	ls in	iclu	ded	l in	GI	P-()-	-08-	-00								<u></u>		_								•		

MCC form for period ending March 9, 2 0 1 4

	SPDI	ES ID				, . -,
Name of MS4 Town of Clarence	N	Y R	2	A 0	1 7	0
Section 4 - Certification Statement						

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

Firs	t Na	ıme													,	ΜI	,	La	st Na	ame	т-	1		τ-		_			_	_	Τ-	$\overline{}$
D	a	v	i	d											ļ	C	ļ	Н	a	r	t	z	е	1	1			_		<u> </u>	<u> </u>	
Tit	e (Cle	arly	pri	nt ti	tle o	of in	div	idua	l <u>sig</u>	ning	g re	port	:)		_		_	,		_		т —	, _	1	_				Τ		
s	u	р	е	r	v	i	ន	0	r								L							_	<u> </u>		L	\perp				<u> </u>
Sig	natu	ıre				· -	<u></u>					\	/					_	_													

05/08/201

Send completed form and/any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway

Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 4 & 1 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Of MS4/Coalition

Town of Clarence

N Y R 2 0 A 1 7 0

Name of	M24/C	оани	on																L				L					
								y	Vai	<u>ter</u>	Q	ua]	lity	<u>' T</u>	rei	<u>ıds</u>	<u> </u>											
The info	rmatio	n in	this	sect	ion i	s bei	ing :	repo	orte	d (c	hec	k o	ne):	:														
On be On be		f a co	aliti	on			but	ed (to tl	his	rep	ort	? [
1. Has rela One	ted to																							ası	ure Yes		• 1	Vo
If Yes, o	choose	one	of th	ne fo	llow	ing																						
O Repor	t(s) att	tache	d to	the	annu	al re	por	t																				
O Web 1															.,						1		. 4 1.					
	Pleas	se pr	ovi	de sj	pecil	ic a	ddr	ess	of	pag	ge v	vhe:	re r	epo	ort(s) c	an	be :	acc	ess	ea	- no	ÆΠ	om	e pa	age	•	
	URL	1		$\overline{}$			T				7			Τ			- 1	т			٠.,			-			\neg	\neg
				\dashv		ļ							<u> </u>						_				_	j I		+	\dashv	\dashv
						<u> </u>							_	4			_		_							_	\dashv	ᆜ
						_																		i				
	URL		r - 1			T						-		1	Т					1				_		\neg	\neg	\neg
		-		\dashv	+-	<u> </u>		<u> </u>						<u> </u> 				_								\dashv	4	_
			1			<u> </u>		<u></u>						_			-	_							ᆗ		_	\dashv
	URL				- 1	η-				Γ											Γ					\Box	\neg	\neg
		+	<u> </u>		<u> </u>	<u> </u>		<u> </u>										_									\dashv	
					<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>							_			<u> </u> 					_	_	_
							L	<u> </u>		L	<u>_</u> _											<u> </u>	Ĺ			1]
	URL	-	Γ			Τ-		ľ)												<u> </u>]			
			<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	l	<u> </u>	Γ	 		l						<u>!</u>	<u>L.</u>	<u> </u>	<u> </u>				\exists
			1			<u> </u>	<u> </u> 	<u> </u>	<u> </u>	L. <u>.</u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		 		<u> </u>		<u> </u> 		<u> </u>	<u> </u>	\vdash			
								1			1		ļ		l	l	1		l		1				1			

This report is being submitted for the reporting period ending March 9, 2 0 1 4

	SPDES ID
Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	 Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
● Household Hazardous Waste Disposal	O Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	■ Trash Management
○ Smart Growth	Vehicle Washing
O Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
<pre>● Other:</pre>	O None i n t . T r a i n i n g
2. Specific audiences targeted during this reporting period	:
Public Employees • Contractors	
● Residential	
O Businesses • General Public	
O Restaurants O Industries	
• Other: O Agricultural	1
Engineering & Design Other	Consultants

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name	of M	[S4/	'Coa	litic	on 1	Cown	of C	larer	nce									- · - · - -				Ŀ	N	Y	R	2	0	A	1	7	0
3. V										54/C all					e to	ac	hic	eve	edı	ıca	tion	ar	ıd c	out	rea	ıch	go	als	du	rin	.g
• Co	nstri	ıcti	on S	Site	O	pera	itors	s Tı	ain	ed						•							#	Tra	ine	d [1	4	7
O Dir	ect	Ma	ilinį	gs																			#1	Mai	ling	gs [
• Kio	sks	or	Oth	er I	Dis	play	/S																# L	oca	tior	as [2	2
O Lis	t-Se	rve	S																					# It	Li	st					
O Ma	iling	g Li	ist																					# Ir	ı Li	st					
O Ne	wsp	ape	r Ao	ds c	or A	Arti	cles																# C	ays	Ru	ın					
● Puł	olic	Ev	ents	/Pr	ese	ntat	ions	S															# A	tter	nde	es		6	2	3	3
Sch	ool	Pro	ogra	m																			# A	tte	ıde	es			5	9	7
O TV	Sp	ot/P	rog	ran	1																		# I	Days	Ru	ın					
• Pri						ries	tow	n of	fices	, kio	sks)										То	tal	#Di	stri	bute	ed		6	8	9	6
	М	s	4	.g. 1	Р	u	b	1	i	C			u	i	1	d	i	n	g	ន											
	K	i	0	s	k	ន	/	Р	u	b	1	i	С		Е	v	е	n	t	s											
	L	i	b	r	a	r	У		3	7	Е	r	i	е		4	N	i	а	g											
	С	0	u	n	t	У		S	W	С	D	ន																			
Otł	ier:													,	- 1																
													_																		
• We		age	:		ovio ede		рес	ific	we	b ac	idre	esse	s -	not	hoi	ne	pag	e.	Con	tinı	ie o	n ne	ext	pag	e if	ad	ditio	ona	l sp	ace	is:
UR W	Ť-	w	Τ.	е	r	li	е		g	0	v	7	s	t	0	r	m	w	a	t	е	r									
							<u> </u>				<u> </u>	<u> </u>							Ī												
			1											Ī																	
UR	L_								.1			*												,	, -				_		
																			<u> </u>										<u> </u>		<u> </u>
												<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>						<u> </u>							<u> </u>
												L												_				<u> </u>		,	<u> </u>

This report is being submitted for the reporting period ending March 9, 2 0 1 4

						Ī				-			•		_								SI	PDI	<u> </u>	D						
Nai	ne o	fΜ	\$4/C	oal	itio	To	wn c	of Cla	агепс	e													N	1	Y	R	2	0	A	1	7	0
	W	eb I	Pag	e co	on't	.:]	Pro	vid	e sp	eci	fic	we	b a	ddı	ess	es -	· nc	t h	om	e p	age										
	URL	-			\neg		Т		-	T	Т	ŀ							T		T	_	7	ı	\neg							
	Н		\dashv	<u> </u>	井			<u> </u>	<u> </u>	-	1	\pm	+			+	\pm	+	\pm	+	+	\mp	÷	\dagger	寸		Ì			=+	Ħ	=
				_	_		_		_	_	4			_		+	+	井	$\frac{1}{1}$	\pm	+	+	+	+	+					井	_	=
																							_ _								_	
	URL				_	-			1					_	. 1		—г			_				\neg	T		_					_
			_							_		4					_		_		_	4	+	1	4				<u> </u>		_	\dashv
																	\perp					_			ļ			<u> </u>	<u> </u>		_	
	URL		· · · I													,											ſ			1		
																												L	<u> </u>			Ц
				i	Ì		j											Ĩ														
			\dashv			_							-					Ī	ij				Ī									
					l	!		<u>-</u>		i			1		{				i		1	1	1				L		1			
	URL			\neg		-							Ĩ			_			П	Ī	_			Ţ				Γ.	T			
		 :		<u> </u>	<u> </u>							- 1		i	_	_	<u> </u>		<u>_</u>	_			1	=			<u> </u>	Ť	 	† =	 	\square
									1		_								_	_			_		_:_	<u> </u>	<u> </u>	<u>l</u>	<u> </u>	╁	<u> </u>	<u> </u>
													_											_			_			1_		<u> </u>
	URL																									ı	1	Г	1	\top	Τ.	
																			_							<u> </u>	<u> </u>	<u> </u>	╄	<u> </u>	 	<u> </u>
															<u> </u>											<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>
	URI	,			·		L																				т-				_	
					İ																											
	<u> </u>													ļ -			_															
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	ļ .			<u>_</u> 	<u> </u>		 		-			i	L			Ì				T	Ť	Ī	Ť	T	T	
	L	<u> </u>			<u> </u>	<u> </u>	<u>l</u>	l		L	<u> </u>	L_	L .	<u> </u>	1	L		1	L	L	L		L		1_			-				
	URI	1		<u> </u>		<u> </u>	_			Ţ	<u> </u>	1	Ţ	-	1	Γ-			Γ	-		Τ				1		Τ			T	T
			<u> </u>			<u> </u>	<u> </u>		<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>	<u> </u>		<u>L</u>	 -	<u> </u>	-			+	<u> </u>	+	1	+	+	+	+
		<u> </u>						<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	+	-	+	+	_	+-	+-
						1														-				ļ							L	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

Name of MS4/Coalition Town of Clarence N Y R 2 0	A 1 7 0
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving measurable g identified in your Stormwater Management Program Plan (SWMPP), including requirement III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporti	ng period.
Identification of Pollutants of Concern; Waterbodies of Concern; Geographic Areas of C Target Audiences	oncern;
B. Briefly summarize the observations that indicated the overall effectiveness of thi Goal.	s Measurable
Pollutants of Concern: sediment/silt; pathogens; floatables; phosphorous Waterbodies of Concern: Geographic Areas of Concern: Target Audiences: households; developers; contractors; small businesses	
C. How many times was this observation measured or evaluated in this reporting p	eriod?
	4
D. Has your MS4 made progress toward this Measurable Goal during this reporting	imples/participants/even ig period? • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of this Methe next reporting cycle (including an implementation schedule).	CM during
As needed, update POCs, waterbodies of concern, geographic areas of concern and targ Continue to address via public education and outreach.	et audiences.

This

This report is being submitted for the reporting period ending March 9,		1	- 4
If submitting this form as part of a joint report on behalf of a coalition leave SPDE	S II) bla	ınk.

SPDES ID 0 Y | R | 2 0 A 1 Town of Clarence Name of MS4/Coalition

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Develop additional/update existing public education materials addressing stormwater pollution prevention for general public, target businesses/activities and schools. Prepare posters that can be placed within municipal buildings, libraries, and schools. Maintain a webpage to educate the public on stormwater pollution prevention, the MS4 SWMPP and involvement opportunities. Display/distribute public education materials and posters in municipal buildings and libraries.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Maintained records of number of educational materials distributed.

Developed household stormwater P2 poster; developed a stormwater poster and quiz for a public education based contest.

Implemented public transportation advertisement campaign addressing: pet waste; car washing; fertilizer use and general stormwater pollution prevention.

C. How many times was this observation measured or evaluated in this reporting period?

Public Transportation ads: 8 week duration of 70 bus advertisements on 20 buses, estimated reach (ex.: samples/participants/events) was 735,967 at an estimated frequency of 5.2 times.

- D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
 - O No Yes
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- O No Yes

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Develop additional public education brochures - as needed.

Continue to display public education materials in municipal buildings and libraries.

Update webpage as needed with new educational materials.

Continue to reinforce the messages conveyed with printed materials & displays with use of additional media when funding is available.

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 4$

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
4. Evaluating Progress Toward Measurable Goals MCM 1	l
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in th	e SWMPP in this reporting period.
Distribute Grades K-12 education packages. Participate in educational programming.	
B. Briefly summarize the observations that indicated the o Goal.	verall effectiveness of this Measurable
Complete direct mailing to Science Department educators on Participated in school science fair, Niagara County Environm Rain Barrel contest.	a biennial basis. ental Field Days, coordinated school
C. How many times was this observation measured or eval	luated in this reporting period?
	0
D. Has your MS4 made progress toward this Measurable	ex.: samples/participants/eve. Goal during this reporting period?
Teacher education packages are a bi-ennial BMP.	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth	in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s	meet the goals of this MCM during schedule).
Education packages will be updated & distributed mid-Fall or reporting cycle as per current biennial implementation. Participate in school science fairs/events, Niagara County's E Conduct Rain Barrel Painting contest for schools in Erie and	nvironmental Field Days (spring 2014).

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	DES	ID						
Name of MS4/Coalition Town of Clarence	N	Y	R	2	0	Α	1	7	0

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Utilize public education display for outreach & education for at least two community events and mount a permanent wall plaque in a prominent location in a municipal building or set up public education display and permanent wall plaque in prominent locations in a municipal building frequented by the public.

Utilize public education display for outreach & education at regional community events.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Set up public education display for outreach & education at two community events/locations within the MS4 community and/or set up public education display and mount wall plaque in prominent locations in a municipal building frequented by the public.

Set up public education for outreach & education at a variety of regional community events.

C. How many times was this observation measured or evaluated in this reporting period?

		2	2	
amoles	_ /par	tici	pant	s/event:

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Plan to use public education display at two community events/locations by March 9, 2015 and/or public education display and permanently mounted wall plaque are in prominent locations in a municipal building frequented by the public.

Plan to use public education display at 15 regional community events by March 9, 2015.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition Town of Clarence SPDES ID N Y R 2 0 A 1 7 0
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Post video and PSAs on WNY Stormwater Coalition webpage. Use video and PSAs at public meetings, in school programs and at community events as appropriate.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Video & PSAs on webpage (www.erie.gov/stormwater). Run the video and PSAs at public meetings, in school programs and at community events where possible.
C. How many times was this observation measured or evaluated in this reporting period? At events 3
(ex.: samples/participants/even
D. Has your MS4 made progress toward this Measurable Goal during this reporting period? • Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to promote video/PSAs addressing stormwater pollution and water quality protection in WNY. Use video and/or PSAs at public education venues. Continue to pursue funding opportunities to use local media outlets to educate the public.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 0 0 A 1 N | Y | R2 Town of Clarence Name of MS4/Coalition Minimum Control Measure 2. Public Involvement/Participation The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply: 2 # Events Cleanup Events #Comments O Comments on SWMP Received Phone # O Community Hotlines Phone # Phone# Phone # 1 1 7 Community Meetings (All WNYSC meetings open to public) # Attendees Sq. Ft. O Plantings #Drains Storm Drain Markings # Attendees O Stakeholder Meetings # Events Volunteer Monitoring z|a|r|d|o|u EV s Wa $1 \mid d \mid H$ a Other: Househ 0 2. Was public notice of availability of this annual report and Stormwater Management Yes O No Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising # Days Run O TV/Radio Notices b r a r е P|u|b| a t • Other: O u t r e a

Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ie c	fΜ	[S4/	Coa	litic	on[T	own	of C	larer	nce		,												N	Y	R	2	0	Α	1	7
UI	RL eas	(s)	cor	ı't.:	:					ess(es)	wh	iere	e no	otic	e(s) ca	an l	e a	acc	esso	ed -	- no	t h	om	ie p	ag	e.		
W	w	w		С	1.	a	r	е	n	С	е		n	У		u	s							_						
									<u> </u>													=								
										<u> </u>						Ī			.:			-								
JRL	,																'													
W	w	w		е	r	i	е		a	0	v	/	s	t	0	r	m	w	a	t	е	r								
JRL	,						_	1			1	1	T		ı · · ·								 ,		-					
										ļ <u>.</u>				<u> </u>				<u> </u>							<u>.</u>					
																	<u>.</u>	<u> </u>												
					ŧ				<u></u>				<u> </u>				<u> </u>													<u>.</u>
JRL	<u> </u>	, ,				I"	1	1			r	Т		1			1		Γ	ı								ı	Ţ	ľ
						<u> </u>							<u> </u>		<u></u>	_	<u> </u>			<u> </u>		<u> </u>					<u> </u>			
								<u> </u>				<u> </u>	<u> </u>	<u> </u>		_									<u></u>		 			<u> </u>
																L.		<u> </u>						<u> </u>						<u> </u>
JRL	,					I		1		ı —	1		1	Γ-			1			1	Ι					γ	Γ	1	l	l
	<u> </u> 								 =	_	<u> </u>		<u> </u>	 	<u> </u>	<u> </u>	<u> </u>						İ		<u> </u>	<u> </u>				<u>L</u>
	<u> </u>						<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	1	<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u> 		
						L	<u></u>			١.	<u>L_</u>		<u> </u>	<u> </u>				l			_	<u></u>							<u></u>	_
JRL										ļ	<u> </u>						T	Γ	Ī		Γ-				Γ	_	<u> </u>	Ţ		
	<u>. </u>			<u> </u> 	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	<u> </u>	<u>1</u>		<u> </u>	<u> </u>		+
=:	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u>L.</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u>L</u>	<u> </u>	<u> </u>	<u>I </u>	<u> </u> -	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u>L</u>	Ī			<u> </u>				<u> </u>
IT.						L					<u></u>		1	<u></u>				1	<u>L</u>		<u>L</u>	<u>L</u> _	<u></u>					l	<u> </u>	
JRL	<u>, </u>				Γ						<u> </u>													!				T	1	T
				<u> </u>	_		1	1				 	-	-	<u> </u>	\dagger	$\overline{\Gamma}$	 			 	†-	<u> </u>				T	T		+
	<u> </u>	ļ		<u> </u>	<u> </u>	<u> </u>	 	 	<u> </u>	\perp	<u> </u>	 	1	+-	 	+			 	 	-	+	<u> </u>	+	<u> </u>	<u> </u>			\dagger	Ť

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			_																	S	PD	ES	ID	_			r		_
e of M	IS4/Co	alitic	on To	own o	of Cl	areno	e								_]	N	Y	R	2	0	A	1	7	(
									•																				
UKL Pleas	(s) co se pro	n't.: vide	; e sn	eci	fic	ada	lre	sste	(ze	wh	ere	no	tic	es c	an	be	acc	es	sed	- n	ot	ho	me	ра	ge.				
ЛRL	, pro		· op					(-	-,																_				
T																													L
\top		T											寸	Ŧ	T		T	Ì		T									
+	<u> </u>	-]	<u> </u> 					_	$=\frac{1}{1}$		<u> </u> 		_		+		_			<u> </u>	 				F
<u> </u>											1													<u> </u>	L	L	<u> </u>		L
JRL	 	T-						-				-	Т		Ī			_		Г				Г		Γ			Γ
_	1		<u> </u>											ļ	_	_	<u>-</u>		_				<u> </u>		<u> </u>	<u> </u>	_		H
			l																					<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>
																									_		_		
ЛRL			•																						_				,
						_																							
	 	1	<u> </u>					_		<u> </u>																Ī			Ţ
	1	 	<u> </u>		<u> </u>					<u> </u>										_	_=		 	1	 	<u> </u>	<u> </u>	Ť	t
		J	1		<u> </u>					L]					<u> </u>	l		<u> </u>		<u> </u>		1
JRL	· · · · · · · · · · · · · · · · · · ·		,				Γ.		-		-						1 1	_	ļ				Τ.	Τ-	1	r-	_	Τ-	7
									<u> </u>		<u>.</u>						_						<u> </u>	<u> </u>	<u> </u>	+	<u> </u>	\vdash	
															i										<u> </u>		L	<u>L</u>	
Ť		T			Ī			Ī	<u> </u>																				
			<u> </u>	L		L		! <u>_</u>	1	l	<u> </u>	l	L		I	l	I		1	L			-	_1		.1			
URL	T		_			_		_			_		<u> </u>	T		ľ			Γ									1	
		+	<u> </u>	<u> </u>	<u> </u>	 	<u> </u>	<u> </u>	<u> </u>	 		<u> </u>	<u> </u>	<u> </u>	_	 	-		 -	<u> </u>		 	†-	†	<u> </u>	Ť	<u> </u>	T	=
	1 1	+	<u> </u>	<u> </u>	<u> </u>		<u></u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u>		 	+	+	+	1_	$\frac{\perp}{1}$	╁	=
				L		l						<u></u>	<u> </u>				<u> </u>			L_		<u> </u>	1						
URL											_	,		, -		_		τ-	Ţ-	1	ľ			Τ.	Т.	1	Τ-	\top	
										<u> </u>			L	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>		<u> </u>	\downarrow	1_	_	<u> </u>	_	 -	_
																											<u> </u>		
1	1	+=	T	T		 		Ī		Ť	Ī	Г	Т		Ī	Γ													
					1	1	I	1_			1	L	.1	Т-	-l			1			1								_
URL				Τ-	Т	1	1		Τ_	1		T	\top			T	T		T	Γ		\top						\top	-
	1	+	+	+-	+	+-	+-	 	+	<u> </u>	+	 	+	 	+	 	 	+-	╁	 	\perp	+	+	十		\pm	\dagger	十	=
	<u> </u>	_	1	1		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	+	 	<u> </u>	<u> </u>	+	<u> </u>	+	+	1_	-	1_	+	+	+	1_	+	+	=
i 1				ļ			1				1											-							

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$ 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 1 7 0

Name	of M	S4/	Coa	litio	n 1	own	of Cl	aren	ce													1	Y	Т,	К .	2	9	^.⊥		/ 0]
	Whe Prog																						er N	/Ia:	nag	gen	nen	ıt			
	Enter whetl																														
۰ M ●							iay	DE	suc	71111	ucc	ıaı	ша	u ic	Cat								s pa							nent	c
● IVI	S4/C Dep				HIC	e											AI	ınua	II K	eport.			.5 W	IAII		lali	,		OIII	поп	,
	C	1	а	r	e	n	С	е		Е	n	g	i	n	e	e	r	i	n	g	D) (e p	5 .	a :	r	t	m	e :	n t	
	Add	ires					ŀ					-																	'-		_
	6	2	2	1		G	0	0	d	r	i	С	h		R	0	a	d									-	ŀ			
	City	,	l				l											 	- 1-		Zi	ip_	Ţ	- 1-							- -
	C	1	а	r	е	n	С	е	İ									N	i A	7	1	1	4 (0	3	2	-				
	Pho	ne																•		_	_	·					-				
	(7	1	6		7	4	1	-	8	9	5	2																		
O Li	brary	,			,	-			•		•	•				0	ıA	าทนส	al R	Leport	t	0	SW	M	P P	lan		0 (Com	ment	S
	Add	lres:	<u>s</u>							.			_ [-	T		7				Т		\top	\neg	Т	7		-	Т	-	7
																					7		1					ļ			
	City	/								_				П					Τ	٦	Zi	ıp 	Т		T	$\overline{}$	_ [T			٦
										!]					L			L						l				لـ
	Pho	ne			`						-																				
			- 1		- 1				-			- 1	- 1																		
	\				,							1																			
O1				J	,	l	1					I				С) Aı	าทน	al F	tepor	t	•	sw	/M	PΡ	lar	ì	• (Com	men	ts
• Ot	Ado	ires	! S				I	1-	7					「 <u>↓</u>	~	\neg			al F	- 	Τ		_	/M					Com	men	ts
● Ot	Add 9	5	<u>s</u>	F	r	a	n	k	1	i	n		S	t	r	e e	Aı e	nnu	al F	R c		0	SW m	/M	P P	lar 0	7	• (Com	men	ls
● Ot	Add 9 City	5				l		k	1	i	n		S	t	r	\neg		t		R c	$\frac{z}{z}$	o ip	m		1	0			Com	men	ts
● O(Add 9 City B	5 / u	s	F	r	a 1	n	k	1	i	n		S	t	r	\neg		t		- 	$\frac{z}{z}$	o ip	m	/M					Com	men	ts
● Ot	Add 9 City	5 / u	f	f		1	0		1			8		t	r	\neg		t		R c	$\frac{z}{z}$	o ip	m		1	0			Com	men	ts
● Ot	Add 9 City B	5 / u				l		k 8	1	i 7	n 5	8	S 3	t	r	\neg		t		R c	$\frac{z}{z}$	o ip	m		1	0			Com	men	ts
	Add 9 City B Pho	u ne	f 1	f 6		1	0		1			8		t	r	e	е	t	1 3	R c		ip	m	2	0	2	7	6		men	
	Add 9 City B Pho	u ne	f 1 UR	f 6		1	0		1 -	7		8 e		t	r	e	е	t	1 3	RC		ip	4	2	0	2	7	6			
● Ot	Add 9 City B Pho (u u 7	f 1 UR	f 6	a)	8	o 5	8	-	7	5				У	e	e u	t l	N :	RC	Z	o ip	4	2	0	2	7	6			
	Add 9 City B Pho (w w	u u one 7	f 1 UR w	f 6	а) с	1 8 1 r	5 a i	8 r	- e	7 n	5	e v	3	n	y	e .	e A u r	t 1	N :	R c	t	ip 1	w SV	2 VM	1 0 IP F	0 2 Plan	7	6			
	Add 9 City B Pho (w w	u u one 7	f 1 UR w	f 6	а) с	1 8 1 r	5 a i	8 r	- e	7 n	5	e v	3	n	y	e .	e A u r	t 1	N :	R c	t	ip 1	w SV	2 VM	1 0 IP F	0 2 Plan	7	6			
	Adda 9 City B Pho (w W Plo	u u one 7	f 1 UR w	f 6	а) с	1 8 1 r	5 a i	8 r	- e	7 n	5	e v	3	n	y	e .	e A u r	t 1	N :	R C	t	ip 1	w SV	2 VM	1 0 IP F	0 2 Plan	7	6 O (Com		ts
• W	Adda 9 City B Pho (w W Plo	u u one 7	f 1 UR w	f 6	а) с	1 8 1 r	5 a i	8 r e	- e	7 n	5	e v	3 / / ge '	n	y t	e C	e A u r	t 1	N :	R c	t	ip 1	w SV	2 VM	1 0 IP F	0 2 Plan	7	6 O (Com	nmen	ts

This report is being submitted for the reporting period ending March 9, 2 0 1 4

			SPDES ID		
Name of MS4/Coalition T	own of Clarence		N Y R 2	0 A 1	7 0
	as made available on the in				
Leave blank if thi	is report was not posted on the	ie internet.	0 5 / 1 5	2 0	1 4
4.b. For how many o	days was/will this report be	posted?		3	6 5
If submitting a re	port for single MS4, answer	5.a If submittin	g a joint report, answ	/er 5.b	
	Report public meeting helwas the date of the meeting?	d in this reportin	ng period?	O Yes	● No
If No, is one p	planned?			• Yes	O No
5.b. Was an Annual	Report public meeting hel	d for all MS4s co	ontributing to this r	eport du	ring
this reporting p	period? WNY Stormwat	er Coalition	- April 2014	• Yes	O No
If No, is one p	planned for each?			O Yes	O No
If Yes, attach com	received during this repornments, responses and chang se to comments to this repor	es made to		○ Yes	• No

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPL	DES							
Name of MS4/Coalition Town of Clarence	N	Y	R	2	0	Α	1	7	0

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Identify key individuals and groups who are interested in/or affected by the permitting program. Groups identified include: Erie County Environmental Management Council; Niagara County Environmental Management Council; municipal Conservation Advisory Committees; Buffalo Niagara Riverkeeper; Erie and Niagara County's Soil & Water Conservation Districts; Citizens Campaign for the Environment; Erie County Water Quality Committee.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Participation of Buffalo Niagara Riverkeeper (4); Erie County Soil & Water Conservation District (6); and, Erie County Water Quality Committee (5) in WNYSC monthly meetings, SWMP and Annual Report review, trainings and activities. Formal presentation to Erie County EMC (1).

C. How many times was this observation measured or evaluated in th	is reporting	period?
--	--------------	---------

			1	6	
samo	les	par	tici	pant	s/events,

D. Has your MS4 made progress toward this measurable goal during this reporting period?

-	Yes	 O No 	
	YES	100	•

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes	\circ	No
168	\sim	130

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue periodic reports to Erie/Niagara County Environmental Management Councils; MS4 Conservation Advisory Committees; Erie County Water Quality Committee. Continue to encourage participation of Buffalo Niagara Riverkeeper; Erie County Soil & Water Conservation District;, Niagara County Soil & Water Conservation District and MS4 Conservation Advisory Committee members in WNYSC monthly meetings, trainings & activities.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

if Submitting this form as part of a joint report on section of a section	SPDES ID
Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
Ivalle of 1915-7 Coantion	
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieves identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	eving measurable goals including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
Provide public with an ongoing opportunity to inspect Stormwater M (SWMPP). Present the draft Annual Report at a meeting that is open internet to solicit public review and comment. Provide public notice about the presentation in accordance with State local public notice requirements.	lanagement Program Plan to the public and/or on the
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
Number of known SWMPP reviews (0). Number of attendees at public meeting (TBD). Number of known webpage reviews (0).	
C. How many times was this observation measured or evaluated	in this reporting period? (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal du	aring this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWMPP?
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	the goals of this MCM during ale).
Continue to provide public with an ongoing opportunity to inspect S Continue to present the draft Annual Report at a meeting that is ope internet to solicit public review and comment.	SWMPP. en to the public and/or on the
1	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	·	SPL	DES	ID.						
Name of MS4/Coalition T		N	Y	R	2	0	A	1	7	0

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inform and encourage residents about opportunities to participate in community clean up initiatives such as Household Hazardous Waste collections, Great American Clean Ups; Buffalo Niagara Riverkeepers Spring/Fall Shoreline Clean Up, Keep America Beautiful Fall Beach Sweep; Adopt-A-Highway.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Number of Household Hazardous Waste collections (6); number of participants (3,674) Number of clean up events (2); number of participants (2,260)

C. How many times was this observation measured or evaluated in this reporting period?

5 9 3 4

D. Has your MS4 made progress toward this measurable goal during this reporting period?

• Yes O No

(ex.: samples/participants/events)

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Erie County: Publish a notice in local paper & Erie County Household Hazardous Waste webpage (May, June 2014) to notify residents of the Collection events.

Niagara County: Educate residents on options for disposal of household hazardous waste, location, schedule and guidelines for facilities accepting the waste (year-round;ongoing).

Continue to track community clean up events.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition	Town of Clarence		N Y R 2	0 A 1 7 0
7. Evaluating Prog	gress Toward Measurable (Goals MCM 2		
identified in your St III.C.1. Submit addi	ort on your progress and proj tormwater Management Prog tional pages as needed.	ram Plan (SWMPF), including requirem	ents in Part
A. Briefly summar	rize the Measurable Goal id	entified in the SV	VMPP in this report	ing period.
Incorporate feedbac	ck mechanism into WNYSC	and/or MS4 webpa	nge	
B. Briefly summar Goal.	rize the observations that in	dicated the overa	all effectiveness of th	is Measurable
Number of response	ses received.			
C. How many time	es was this observation mea	nsured or evaluate		period? 0 hamples/participants/events)
D. Has your MS4	made progress toward this	measurable goal		g period?
	n schedule to meet the dead			● Yes ○ No ● Yes ○ No
F. Briefly summan	rize the stormwater activiti ing cycle (including an imp	es planned to me lementation sche	et the goals of this M	
Continue to provid comment forms.	le feedback option on webpa	ge in the form of a	name/contact numbe	r and public

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

Name of MS4/Coalition Town of Clarence N Y :	
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achieving measured identified in your Stormwater Management Program Plan (SWMPP), including re III.C.1. Submit additional pages as needed.	rable goals quirements in Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	reporting period.
Identify Contact Person for Stormwater Program	
B. Briefly summarize the observations that indicated the overall effectivenes Goal.	s of this Measurable
Stormwater Management Officer appointed/designated and listed in SWMPP. Stormwater Management Officer listed in MS4 Reference Guide on WNY Stormwebpage.	water Coalition
C. How many times was this observation measured or evaluated in this repo	rting period? N/A (ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during this re	porting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	this MCM during
Identify Stormwater Management Officer in SWMPP, update as needed. Identify Stormwater Management Officer in MS4 Reference Guide on WNY Stowebpage, update as needed.	ormwater Coalition

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID	
Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1	7 0

ть	Minimum Control Measure 3. e information in this section is being reported	
•	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to	
1.	Enter the number and approx. percent	t of outfalls mapped: 59# 100%
2.	How many of these outfalls have been reporting period (outfall reconnaissan	screened for dry weather discharges during this ce inventory)?
3.	a.What types of generating sites/sewersl reporting period?	heds were targeted for inspection during this
	O Auto Recyclers	Landscaping (Irrigation)
	 Building Maintenance 	○ Marinas
	○ Churches	Metal Plateing Operations
	O Commercial Carwashes	Outdoor Fluid Storage
	O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
	O Construction Vehicle Washouts	○ Printing
	O Cross-Connections	O Residential Carwashing
	O Distribution Centers	○ Restaurants
	O Food Processing Facilities	O Schools and Universities
	○ Garbage Truck Washouts	 Septic Maintenance
	O Hospitals	O Swimming Pools
	O Improper RV Waste Disposal	O Vehicle Fueling
	O Industrial Process Water	O Vehicle Maint./Repair Shops
	5 00	○ None
	Other:	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of C	larence													PDI N	\neg	D R	2	0	A	1	7	0
3.b.What types of illicit di	ischar	ges h	iave	bee	n f	our	ıd o	dur	ing	g th	is r	epo	orti	ng	pe	rio	d?					
O Broken Lines From Sanitar	y Sewe	r		O I	ndı	ıstri	ial (Con	nec	tio	าร											
O Cross Connections				O I	nfle	ow/	Infi	ltra	tior	1												
O Failing Septic Systems				O I	?un	ıp S	Stati	ion	Fai	lure	;											
O Floor Drains Connected To	Storm	Sew	ers	0.5	San	itar	y S	ewe	r C	ver	flov	/S										
O Illegal Dumping				0.5	Stra	igh	t Pi	pe S	Sew	er]	Disc	har	ges									
Other:					Nor	ne																
4. How many illicit disch reporting period?	arges/	pote	ntial	ille	ega	l c c	na	ect	ion	s h	ave	be	en	det	tect	ed	du	rin	g t	his		2
5. How many illicit disch	arges	have	e bee	n co	onf	irn	ıed	du	rin	ıg t	his	rep	or	tinş	g p	eri	od?	?				2
6. How many illicit disch period?	arges/	illeg	al co	nne	ecti	ons	s ha	ave	be	en	elin	nin	ate	d d	luri	ing	th	is r	epo [orti	- 1	2
7. Has the storm sewersh If No, approximately will Storm sewer mapp	hat per	cent	was	con	npl	etec	d in	thi	is r	epo	rtin	g p	eric	od?				0	Ye	s 1	● : 5	No &
8. Is the above informati Is this information ava If Yes, provide URL(s):	ailable																		Ye Ye	-	0	
Please provide specific a	ddress	of p	age	whe	ere	maj	p(s)) ca	n b	e a	cce	sse	d - 1	not	ho	me	pa	ge.				
h t t p : / / g	is	2	. е	r	i	е	•	g	0	v	/	G	C	/	Е	N	S	S	0	/		
PublicLa	u n	c l	h P	a	g	е		a	s	р	x											
URL		I		, <u>-</u>	· ·															,		
				<u> </u>						<u> </u>										<u></u>		
			<u> </u>	<u> </u>		<u> </u>						4								<u></u>		
																			Ĺ	<u> </u>		

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

																		L.										
—⊦— JRL	<u> </u>	. •			•		•	_									·	,	·	_				_	· · · · ·			
																			_	 						<u> </u>		_
T																												
																									_	<u> </u>		
RL_	 1													,			1—		τ_		T	г	r - -		_		, ,	_
										<u>_</u>		<u> </u>		<u> </u>		_	<u> </u>	Ļ	<u> </u>	<u> </u>		_	_	_	<u></u>	<u> </u>	<u> </u>	_
																				<u> </u>		L				<u> </u>		_
		T	T					Γ		T											_	<u> </u>						
JRL				_l											· 	1		1	-,			1		т—	_			
								<u>.</u>		<u> </u>				<u>L</u>		<u> </u> _		Ļ		<u> </u>	<u> </u>		<u> </u>		<u> </u>	$ \downarrow $	<u> </u>	_
											_			<u> </u>			<u> </u>	<u> </u>				<u> </u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	_	
								T														<u> </u>					l	
JRL										_			- T		1	_		-	,-·	Τ-	1	_		1	7	_	1	ı
						<u> </u>		<u> </u>		<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	_	<u> </u>	<u> </u> _	_	 	<u> </u>	<u> </u>
									_						<u> </u>	<u> </u>	<u> </u>			Ļ		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
																						<u> </u> _				\perp		<u> </u>

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} 1 4$

2 (2 (2))	Town of Clarence	N Y R 2 0 A 1 7 0
Name of MS4/Coalition		
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	oort on your progress and project plans towar tormwater Management Program Plan (SWN itional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the	SWMPP in this reporting period.
Update outfall data	and map as needed.	
B. Briefly summa Goal.	rize the observations that indicated the ov	erall effectiveness of this Measurable
A	according to schedule.	
New outfalls added Timely updates to o	l as located or at time of completion.	
Current GIS outfall		
C. How many time	es was this observation measured or evalu	nated in this reporting period?
D. Has your MS4	made progress toward this measurable go	ex.: samples/participants/evental during this reporting period?
D. Has your Mas I	mude progress comment and an arrangement of	● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in	n the SWMPP? ● Yes ○ No
F Briefly summa	rize the stormwater activities planned to	
the next report	ing cycle (including an implementation sc	hedule).
Continue outfall in	spections according to schedule.	
	e existing information/add new outfalls as near and update GIS outfall map.	eded.
Continue to mainta	im and apaate O10 outlan map.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition	Town of Clarence		N Y R 2 0 A	1 7 0
12. Evaluating Pro	gress Toward Measu	rable Goals MCM 3		
identified in your St	oort on your progress at tormwater Managemer itional pages as needed	nt Program Plan (SWMP	achieving measurable goals PP), including requirements in	n Part
A. Briefly summa	rize the Measurable (Goal identified in the S	WMPP in this reporting pe	eriod.
Outfall Reconnaiss	sance Inventory (ORI)	- routine dry weather vi	sual inspections of outfalls.	
B. Briefly summa Goal.	rize the observations	that indicated the over	all effectiveness of this Me	asurable
Number of outfall	inspections completed	I.		
C. How many tim	es was this observati	on measured or evalua	ted in this reporting period	1 1 1 1
			(ex.: samples/	participants/events)
D. Has your MS4	made progress towa	rd this measurable goa	l during this reporting per	iod?
		e deadline set forth in	• Ye the SWMPP?	es O NO
F. Briefly summa	arize the stormwater :		eet the goals of this MCM	es O No during
Plan to inspect at I	least 20% of outfalls.		<u>-</u>	
			· 	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

Name of MS4/Coalition Town of Clarence SPDES ID N Y R 2 0 A 1 7 0
12. Evaluating Progress Toward Measurable Goals MCM 3
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Pollutant source tracking procedures to detect and address non-stormwater discharges, including illegal dumping, as needed in response to public complaints or by scheduled inspection of outfalls.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Number of outfalls sampled/trackdown investigations conducted. Two (2) violations were addressed during this period.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/ev
D. Has your MS4 made progress toward this measurable goal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Plan to sample outfalls discharging during dry weather to determine presence of pollutants. Plan to conduct trackdown sampling/investigation as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID _______

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7	0
Minimum Control Measures 4 Construction Site and Post-Constru		
The information in this section is being reported (check one):		
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 		
1a. Has each MS4 contributing to this report adopted a law, o mechanism that provides equivalent protection to the NYS Stormwater Discharges from Construction Activities?	ordinance or other regulatory S SPDES General Permit for Yes O	No
1b. Has each Town, City and/or Village contributing to this re equivalent to a NYSDEC Sample Local Law for Stormwat Sediment Control through either an attorney cerfification Analysis Workbook?	iter Management and Erosion and or using the NYSDEC Gap	d NT
If Yes, Towns, Cities and Villages provide date of equivalent	NYS Sample Local Law. ○ 09/2004 • 03/2006 ○	NT
2. Does your MS4/Coalition have a SWPPP review procedure	re in place? • Yes •	No
3. How many Construction Stormwater Pollution Prevention reviewed in this reporting period?	n Plans (SWPPPs) have been	
4. Does your MS4/Coalition have a mechanism for receipt at comments related to construction SWPPPs?	nd consideration of public ● Yes ○ No ○	NT
If Yes, how many public comments were received during this	s reporting period?	
5. Does your MS4/Coalition provide education and training SWPPP process?	for contractors about the local Yes O) No

Via NYS 4 Hour Erosion & Sediment Control Training

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#			O No Authority
O Stop Work Orders	#			O No Authority
O Criminal Actions	#			O No Authority
O Termination of Contracts	#			O No Authority
O Administrative Fines	#			O No Authority
O Civil Penalties	#			O No Authority
O Administrative Orders	#			O No Authority
O Enforcement Actions or Sanctions	#			
Other	#			O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID		-
Name	e of MS4/Coalition Town of Clarence N Y R 2	0 A 1	7 0
	Minimum Control Measure 4. Construction Site Stormwater Runo	ff Conti	<u>rol</u>
The	information in this section is being reported (check one):		
• Oi	n behalf of an individual MS4 n behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one aduring this reporting period?	acre or m	ore 7
2.	How many construction projects disturbing at least one acre were active in you during this reporting period?	r jurisdi	ction 7
3.	What percent of active construction sites were inspected during this reporting	period?	
4.	What percent of active construction sites were inspected more than once?	1 0	○ NT 0 %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual? • Yes	e the NY	S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approv • Yes	ntion Pla al? O No	ans O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made a public review?	vailable f Yes	for O No
	If Yes, use the following page to identify location(s) where SWPPPs can be access	ed.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
Clarence Engineerin	g Department
Address	
6 2 2 1 G o o d r i c h R o a d	Zin
City Clarence Center NY	Zip 1 4 0 3 2 -
Phone	
(7 1 6) 7 4 1 - 8 9 5 2	
○ Library	
Address	
	Zip
City	
Phone	
Other	
Address	
City	Zip
Phone	
(
O Web Page URL(s): Please provide specific address where SWPF	PPs can be accessed - not home page.
URL	
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition	Town of Clarence		N Y R 2	0 A 1 7 0	
7. Evaluating Pro	gress Toward Measurable Goals	MCM 4			
identified in your St	ort on your progress and project platormwater Management Program Plational pages as needed.	nns toward achievin Ian (SWMPP), inclu	g measurable guding requirem	goals nents in Part	
A. Briefly summan	rize the Measurable Goal identifi	ed in the SWMPP	in this report	ing period.	
Conduct SWPPP re local erosion and se	eview for all permitted construction ediment control requirements and N	sites to ensure con IYS Design Standa:	sistency with S rds.	State and	
B. Briefly summar Goal.	rize the observations that indicat	ed the overall effec	ctiveness of th	is Measurable	
Number of SWPPF	Ps approved.				
C. How many tim	nes was this observation measured	d or evaluated in t		period? 7	/events
D. Has your MS4	made progress toward this meas	urable goal during	•	ng period?	
				● Yes ○ No	
	n schedule to meet the deadline s			• Yes O No	
F. Briefly summa	arize the stormwater activities plating cycle (including an impleme	anned to meet the ntation schedule).	goals of this N	ACM during	
Continue to condu State and local ero	act SWPPP review for all permitted osion and sediment control requirer	l construction sites ments and NYS Des	to ensure cons sign Standards	istency with	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of Clarence	SPDES ID N Y R 2 0 A 1 7 0
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.	nieving measurable goals , including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this reporting period.
Conduct inspections of permitted construction sites that discharge standed to ensure compliance with GP-0-10-001. Issue enforcement actions to owners and operators of permitted consciously with GP-0-10-001.	
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
Number of active construction sites and inspections performed for e Number and type of enforcement actions.	each.
C. How many times was this observation measured or evaluated	7
D. Has your MS4 made progress toward this measurable goal d	(ex.: samples/participants/events) uring this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	the goals of this MCM during ule).
Continue to conduct inspections of permitted construction sites that as often as needed to ensure compliance with GP-0-10-001. Continue to issue enforcement actions to owners and operators of p are not in compliance with GP-0-10-001.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	d achieving measurable goals MPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Provide the public with an opportunity to review and comment construction projects via Town Board and Planning Board meet publicly.	on proposed design plans and ing agendas which are noticed
B. Briefly summarize the observations that indicated the ov Goal.	erall effectiveness of this Measurable
Number of projects presented for public review and comment.	
C. How many times was this observation measured or evaluation	
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable go	
E. Is your MS4 on schedule to meet the deadline set forth in	n the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation so	meet the goals of this MCM during chedule).
Continue to provide the public with an opportunity to review a and construction projects via Town Board and Planning Board publicly.	and comment on proposed design plans I meeting agendas which are noticed

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Γ				SPDES	
Name of MS4/Coalition	Town of Clarence			N Y	R 2 0 A 1 7 0
Minimum (Control Meas	sure 5. Post-	-Constructio	n Stormwate	r Management
The information in thi	s section is being	g reported (chec	ck one):		
On behalf of an indOn behalf of a coalHow ma		ibuted to this r	report?		
How many and w MS4/Coalition in					
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practice	es				
O Filter Systems					
O Infiltration Basins					
Open Channels		1	1	0	
Ponds		5	5	0	
O Wetlands					
Other					
2. Do you use an e BMPs, inspection			abase, spreads	heet) to track p	ost-construction O Yes • No
3. What types of r Development/B	ion-structural etter Site Desig	practices hav gn/Green Infr	e been used to astructure pri	implement Lov inciples?	w Impact
O Building Codes	• Municipal Co	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pr	ogram		
Zoning	• Local Law of	r Ordinance			
○ None	● Land Use Re	egulation/Zoning	g		
O Watershed Plans	Other Comp	rehensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report of	on behalf of a coalition leave SPDES ID blank.
1 1	SPDES ID

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
6. Evaluating Progress Toward Measurable Goals MCM	5
Use this page to report on your progress and project plans tow identified in your Stormwater Management Program Plan (SV III.C.1. Submit additional pages as needed.	vard achieving measurable goals WMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in t	he SWMPP in this reporting period.
Develop an inventory and inspection program for post-const practices.	
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
Inventory of post-construction stormwater management pract Number of post-construction stormwater management pract	etices created. ices inspected.
C. How many times was this observation measured or ev	valuated in this reporting period?
D. Has your MS4 made progress toward this measurable	
E. Is your MS4 on schedule to meet the deadline set for	A 140
F. Briefly summarize the stormwater activities planned the next reporting cycle (including an implementation	to meet the goals of this MCM during n schedule).
Maintain inventory of all post-construction stormwater ma Plan to inspect 20% of post-construction stormwater mana	nagement practices. gement practices per year.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID6

Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Conduct maintenance on post-construction stormwater managem	nent practices as needed.
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
Number and type of post-construction stormwater management p	practices maintained.
C. How many times was this observation measured or evalua	nted in this reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goa	al during this reporting period?
The state of the s	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	• Yes O No
F. Briefly summarize the stormwater activities planned to m the next reporting cycle (including an implementation sch	neet the goals of this MCM during nedule).
Continue to conduct maintenance on post-construction stormwa	ter management practices as needed.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPI	DES	ΙD						
Name of MS4/Coalition Town of Clarence	N	Y	R	2	0	A	1	7	0

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition 	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

Operation/Activity/Facility	Addressed in	n SWMP?	years?	-
Street Maintenance	• Yes	○ No	• Yes	O No
Bridge Maintenance		○ No	• Yes	O No
Winter Road Maintenance		○ No	• Yes	O No
Salt Storage	A 17	○ No	• Yes	\bigcirc No
Solid Waste Management		○ No	• Yes	O No
New Municipal Construction and Land Disturba	.	○ No ,	• Yes	O No
Right of Way Maintenance	A 17	○ No	• Yes	O No
Marine Operations		○ No	○ Yes	No
Hydrologic Habitat Modification	A 17	○ No	○ Yes	No
Parks and Open Space	▲ * * * * · · ·	○ No	Yes	O No
Municipal Building	▲ 17	○ No		O No
Stormwater System Maintenance			• Yes	O No
Vehicle and Fleet Maintenance	A 17		• Yes	O No
Other	■ Vac	○ No		O No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID_	·-· , ·	
Name of MS4/Coalition Town of Clarence	N Y R 2	0 A 1	7 0
2. Provide the following information about municipal operations	good housekeep	ing prog	rams:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres		5
O Streets Swept (Number of miles X Number of times swept)	# Miles	1	2 2
O Catch Basins Inspected and Cleaned Where Necessary	#	1 1	2 0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		0
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		3 0
O Nitrogen Applied In Chemical Fertilizer	# Lbs.	3	0 0
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numbers applied to the nearest tenth.)	# Acres ber of	7	5 . 0
3. How many stormwater management trainings have been prov during this reporting period?	rided to municipa	al emplo	yees 6
4. What was the date of the last training?	02/19	/ 2 0	1 4
5. How many municipal employees have been trained in this rep	orting period?		2
6. What percent of municipal employees in relevant positions ar stormwater management training?	nd departments r	receive	0 0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 4

	SPDES ID
Name of MS4/Coalition Town of Clarence	N Y R 2 0 A 1 7 0
7. Evaluating Progress Toward Measurable Goals MCM 6 Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the S	PP), including requirements in Fait
Inspect catch basins and clean as needed.	
B. Briefly summarize the observations that indicated the ove Goal.	rall effectiveness of this Measurable
Number of catch basins inspected.	
Number of catch basins cleaned.	
C. How many times was this observation measured or evalua	$\begin{bmatrix} 1 & 1 & 2 & 0 \end{bmatrix}$ (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable go	al during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to n the next reporting cycle (including an implementation scl	neet the goals of this MCM during hedule).
Continue to inspect catch basins and clean as needed.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

			SPDES II	
Name of MS4/Coali	tion Town of Clarence		N Y F	R 2 0 A 1 7 0
7. Evaluating F	Progress Toward M	leasurable Goals MCN	И 6	
identified in you III.C.1. Submit a	r Stormwater Manag additional pages as n		SWMPP), including red	quirements in Part
A. Briefly sum	marize the Measura	able Goal identified in	the SWMPP in this r	eporting period.
Conduct street s	sweeping.			
B. Briefly sumi Goal.	marize the observat	tions that indicated th	e overall effectiveness	s of this Measurable
	Colored agreement			
Number of infie	es of street swept.			
C. How many t	times was this obse	rvation measured or e	evaluated in this repo	rting period?
·				1 2 2
D. Has voue M	ISA mode progress t	toward this measurab	le goal during this re	(ex.: samples/participants/ev porting period?
				● Yes ○ No
E. Is your MS4	4 on schedule to me	eet the deadline set for	th in the SWMPP?	Yes ○ No
F. Briefly sum the next rep	nmarize the stormw porting cycle (includ	ater activities planned	d to meet the goals of on schedule).	
Continue to sw	eep streets.			

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of	Clarence		N Y R 2	0 A 1	/ 0
. Evaluating Progress	Toward Measurable Goals MC	M 6			
Jse this page to report on dentified in your Stormwa II.C.1. Submit additional	your progress and project plans t ater Management Program Plan (pages as needed.	oward achievin SWMPP), inclu	g measurable (Iding requiren	goals nents in Pa	art
A. Briefly summarize th	e Measurable Goal identified in	n the SWMPP	in this report	ing perio	d
	erations/activities/facilities that a	ire subject to en	vironmental a	ssessmen	t
requirement. Conduct environmental as	ssessment of each operation/activ	vity/facility eve	ry three years.		
B. Briefly summarize th Goal.	e observations that indicated t	he overall effec	ctiveness of th	is Measu	rable
Number of environmenta	l assessments performed.				
C. How many times was	this observation measured or	evaluated in tl			0 ticipants/eve
D. Has your MS4 made	progress toward this Measura	ble Goal durin		ing perio	d?
	dule to meet the deadline set fo			YesYes	○ No ○ No
F. Briefly summarize the next reporting cy	ne stormwater activities planno cle (including an implementat	ed to meet the gion schedule).	goals of this N	MCM du	ring
	assessment of each operation/act		ery three year	s.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID								
Name of MS4/Coalition Town of Clarence		1 X	R	2	0	Α	1	7	0

/A

On behalf of an individual l On behalf of a coalition How many MS	MS4 4s contributed to this re	port?	
S4s must answer the qu	estions or check NA as		
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	12245670 480 860	10.11.12	Phosphorus
Fraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Traditional Non-Land Use Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,5,170 0,00,00,	•	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	- r nospilorus
Greenwood Lake Watershed	1467 18 0	2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional Oyster Bay	1,4,0,7a-0,0a,7		
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary		2 2 5 6 9h	Pathogens and Nitrogen
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b 2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Non-Traditional	1,4,/a-u,oa,7		
Oscawana Lake Watershed Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			Pathogens
	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b 5,6,8a,8b	Pathogens
Traditional Land Use Traditional Non-Land Use		1 3,0,00,00	Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

					1 <u> </u>	ES ID	- 	
Na	me of MS4/Coalition	Town of Clarence			N	Y R 2	0 A 1	7 0
3.	Does your MS4 and Maintenar	l/Coalition hav ice Plan Progra	e a Stormwato am?	er Conveyance	System (infr	astructur O Yes	e) Inspe ● No	ection
4.	Estimate the peand maintaine	ercentage of on d or rehabilitat	-site wastewa ted as necessa	ter treatment s ry in this repor	ystems that h ting period?	nave been	inspect	ed 5 %
5.	Has your MS4. NYSDEC SPD (GP-0-08-001) disturb five the	ES General Pe to reduce pollu	rmit for Storr Itants in storn	nwater Dischai iwater runoff f	rges from Co	nstruction	Acuvi	ues
6.	Has your MS4 runoff from ne equal to one ac Permit for Sto the New York Standards?	ew developmen ere that provid rmwater Disch	t and redevelo es equivalent arges from C	opment project protection to the onstruction Ac	is that distur ne NYS DEC tivities (GP-C	o greater SPDES ()-08-001),	tnan or Seneral includi	
78	a. Does your MS phosphorus/ni	4/Coalition hav trogen/pathog	ve a retrofittir en loading?	g program to	reduce erosic	on or ○ Yes	● No	O N/A
71	b.How many pr	ojects have bee	en sited in this	reporting peri	od?			
70	c. What percent	of the projects	included in 7	b have been co	mpleted in t	his report	ing per	iod?
7	d.What percent	of projects pla	nned in previ	ous years have	been comple			%
							_	s Planned
8	a.Has your MS4 procedures po lands?	l/Coalition dev olicy that addre	eloped and in esses proper f	plemented a to ertilizer applic	urf managem ation on mui	nent pract nicipally o • Yes	Wiled	
8	b.Has your MSo procedures po municipally o	olicy that addr	veloped and in esses proper o	aplemented a t lisposal of gras	urf managen ss clippings a	nent prac nd leaves • Yes	HVIII	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Clarence	SPDES ID NYR2	0 A	1 7 0
9. Has your MS4/Coalition developed and implemented a progra	am of native plant ○ Yes	ing? ● No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet w prohibiting goose feeding?	raste on municipal O Yes	prope No	rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	• Yes	O No	O N/A

			•	•